

Los Angeles County Emergency Medical Services Agency

Office of Program Approvals 10100 Pioneer Boulevard, Suite 200 Santa Fe Springs, CA 90670 (562) 347-1500

Public Safety First Aid and/or BTCC FRO Application

Name of Provider			
Address	City		Zip Code
Program Director		Title	
Phone	Email		
Program Approval Request For:			
As program director for the applicant training program or curriculum, I certify that I will adhere to the State of California EMS Regulations, Guidelines and all applicable Los Angeles County Prehospital policies. Furthermore, I certify that all information submitted with this application is true and correct.			
Signature of Program	m Director	DATE	
Office of Program Approvals Use Only			
□ Program Director □ Curriculum Vitae □ Applicable licenses and of proof of Educational Requipment □ EMS Orientation Date: □ Instructors □ Curriculum Vitae □ Applicable licenses and of proof of Educational Requipment □ Course Completion Certificate □ Attendance Record/Training Rose □ Equipment □ Memo/Letter- BTCC □ 4 hour minimum training □ Adult and Pediatric Traum	tertifications puirement // / *□ Tracertifications ter *□ Wr	no/Letter- PSFA * CPR/AED Healthd * 8 hour minimum r * 21 hour initial* (if Retraining every tv Adult and Pediatric sining Curriculum – PS Schedule/Agenda Objectives Lessons/training itten and Skills perform Answer Key Passing Criteria	etraining and * requesting initial) vo years rauma Centers FA/BTCC *
□ Application Received:/ □ Follow-up Letter: □ n/a or □ Application Complete:/ □ Approval/Denial Letter Sent Date □ EMSA Notification:/ □ Period of Approval:/	_// * <i>L</i> / e://	BTCC PSFA Curriculum Only Re Approved Approved	
☐ Entered in Data File:/		☐ Fee:	//

Revised: 3/17